

KITT-13-08

For Ecology Use  
(Date Stamp)



# Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

KITT-13-08

(Check all that apply.)

- ☒ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☒ Other (i.e. consolidation, intertie, trust water)

Explain: Mitigation and Instream Flow in the Yakima River

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 12-02-2013

CHECK NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_

DATE ACCEPTED 12/6/2013 BY [Signature]

CHANGE NO. CS4-01676sb5f@1

COUNTY KITTITAS WRIA 39

SPECIAL AREA \_\_\_\_\_

CFD = 54-85103-J 06-30-1900

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

☒ I have participated in a pre-application conference with Ecology.

## 1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Steven Curtis Elerding	(509) 840-9241	
ADDRESS		
750 Byron Hill Road		
CITY	STATE	ZIP CODE
Prosser	Washington	99350
EMAIL ADDRESS (IF AVAILABLE)		
stelerding@futurelink.net		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Tyson Carlson, Aspect Consulting	(206) 838-5842	
ADDRESS		
401 Second Ave South, Suite 201		
CITY	STATE	ZIP CODE
Seattle	Washington	98104
EMAIL ADDRESS (IF AVAILABLE)		
tcarlson@aspectconsulting.com		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Washington State Department of Ecology (Trust Water Right Program)		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
Yakima Adj. Court Claim Nos. 1676 and 2222	Traci Shallbetter
DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>Traci Shallbetter, 3201 Airport Rd, Cle Elum, WA 98922</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

ECY 040-1-97 (Rev. 02/12)  
KITT-13-08

CS4-01676sb5f@1

COURT CLAIM 01676  
SUB 5 R.R. HEIGHTS  
06-30-1900  
CFD = 54-85103-J



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Yakima River		NW	NE	35	20N	15E	754735	-

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO    PROPOSED: ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME: Ecology's TWRP

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	0.19 cfs	52.80	May 1 through Sept 15
Stockwater		0.14	

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Mitigation and Instream Flow	0.19 cfs	52.94*	May 1 through Sept 15

\*Application requests the claim be placed in the TWRP for mitigation and instream flow in the Yakima River.

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:  
Parcel 2 of that Survey recorded May 30, 2006 in Book 32 of Surveys, page 188, under AFN 200605300001, records of Kittitas County, being a portion of the South ½ of Section 29, T20N, R16E, W.M., County of Kittitas

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SW1/2	29	20 N	16 E	Kittitas	950641	10.76

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO  
IF NO, PROVIDE OWNER(S) NAME: Traci Shallbetter

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:  
Mitigation and Instream Flow in the Yakima River from River Mile (RM) 181.5 to the Columbia River.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO  
IF NO, PROVIDE OWNER(S) NAME: Ecology's TWRP

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

See Attachment 1.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ ES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_



6. Remarks and Other Relevant Information:

This application requests that the claim be placed in the TWRP for mitigation and instream flow in the Yakima River. Trust Water Right Agreement(s) will be developed and submitted for approval, describing the management of water in the TWRP.

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Steve Elerding

Applicant Printed Name – Title

Applicant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Traci L. Shallbetter

Water Right Holder Printed Name

Water Right Holder Signature

11/14/13  
(Date)

Traci L. Shallbetter

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

11/14/13  
(Date)

Washington State Department of Ecology

Land Owner of Proposed Place of Use Printed Name

See Attachment 2

Land Owner of Proposed Place of Use Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



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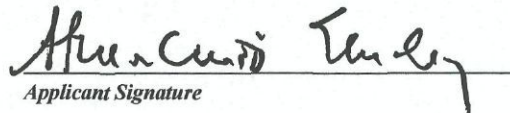
IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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Steven Curtis Elerding  
Applicant Printed Name - Title

  
Applicant Signature

11/13/2013  
(Date)

Traci L. Shallbetter  
Water Right Holder Printed Name

\_\_\_\_\_  
Water Right Holder Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Traci L. Shallbetter  
Land Owner of Existing Place of Use Printed Name

\_\_\_\_\_  
Land Owner of Existing Place of Use Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Washington State Department of Ecology  
Land Owner of Proposed Place of Use Printed Name

See Attachment 2  
Land Owner of Proposed Place of Use Signature

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- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |